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Date Completed: \_\_\_\_\_ Failure Code: \_\_\_\_\_

Completed By : \_\_\_\_\_ Signature : \_\_\_\_\_

Accepted By : \_\_\_\_\_ Signature : \_\_\_\_\_

Delays

[illegible]

\*\* IMPORTANT NOTICE \*\*  
 YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY AND MUST  
 ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY  
 JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS  
 CONCERNING THE WORK RULES, SAFETY CODES, OR  
 REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.

Job Feedback/Historical Notes:



**P701337**